DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO
ATTENTION OF

MCMR-RCQ (70-1n)

11 September 2002

HSRRB Policy Memorandum 2002-07, Version 01

SUBJECT: HSRRB Review of IND Protocols for Force Health Protection

1. REFERENCES.

a. 10 USC 1107, *Notice of Use of an Investigational New Drug or a Drug Unapproved for its Applied Use*, 5 January 1999

b. Executive Order 13139, *Improving Health Protection of Military Personnel Participating in Particular Military Operations*, 30 September 1999

c. 21 CFR 50.23(d), *Human Drugs and Biologics; Determination that Informed Consent Is NOT Feasible or Is Contrary to the Best Interests of Recipients: Revocation of 1990 Interim Final Rule*; Establishment of New Interim Final Rule, 5 October 1999

d. Department of Defense Directive 6200.2, *Use of Investigational New Drugs for Force Health Protection*, 1 August 2000

2. HISTORY. This is the first version of HSRRB Policy Memorandum 2002-07. This version is effective 25 September 2002. Details of the history can be found in Appendix A.

3. PURPOSE. The purpose of this policy is to explain the requirements for review of IND protocols for force health protection.

4. SCOPE. This policy applies to all force health protection protocols reviewed by the HSRRB.

5. BACKGROUND.

a. According to 10 USC 1107, whenever the Secretary of Defense requires a member of the armed forces to receive an investigational new drug or drug unapproved for its applied use, the Secretary shall provide the member with notice that the drug being administered is an investigational new drug or a drug unapproved for its applied use. Additionally, the law states that only the President may waive the requirement that the member provide prior consent to receive the drug in accordance with the prior consent requirement imposed by the Federal Food, Drug, and Cosmetic Act.

Implementation of the law was facilitated through the publication of the Executive Order 13139 and an update to 21 CFR 50.23(d). Furthermore, Department of Defense Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," was issued to describe responsibilities for implementation of 10 USC 1107. Within DOD Directive 6200.2, The Surgeon General's Human Subjects Research Review Board (HSRRB) is the designated IRB for review of protocols involving investigational drugs for force health protection.

b. As defined in DOD Directive 6200.2, Force Health Protection is an organized program of healthcare preventive or therapeutic treatment, or preparations for such treatment, designed to meet the actual, anticipated, or potential needs of a group of military personnel in relation to military missions.

6. POLICY.

a. Protocols for the use of an IND for force health protection require HSRRB review and approval.

b. In any case in which an IND protocol proposes to include a waiver of informed consent, the following additional requirements shall be applicable to the HSRRB review and approval of the protocol:

(1) The HSRRB must include at least three non-affiliated members who shall not be employees or officers of the Federal Government (other than for purposes of membership on the HSRRB) and shall be required to obtain any necessary security clearances.

(2) The HSRRB shall review the proposed IND protocol at a convened meeting at which a majority of the members are present including at least one member whose primary concerns are in nonscientific areas and, if feasible, including a majority of the non-affiliated members.

(3) Minutes of the HSRRB meeting(s) at which the proposed protocol was discussed shall be provided to the Secretary of Defense and the FDA.

(4) The minutes shall be in sufficient detail to show attendance actions taken, the votes taken (including number of members voting for, against, or abstaining), the reasons for requiring changes in or disapproving any portion of the protocol, and a written summary of the discussion of controversial issues and their resolution.

c. The HSRRB must review and approve:

(1) The information sheet to be provided to service members;

(2) The adequacy of the plan to disseminate information, including distribution of the information sheet to potential recipients, on the investigational product (e.g., in forms other than written);

(3) The adequacy of the information and plans for its dissemination to healthcare providers, including potential side effects, contraindications, potential interactions, and other pertinent considerations;

(4) An informed consent form as required by FDA regulations for those circumstances in which the protocol includes informed consent by some or all personnel involved.

d. The risks and benefits of using the IND are evaluated with consideration of:

(1) The extent and strength of evidence of the safety and effectiveness of the IND in relation to the medical risk that could be encountered during the military operation is sufficient to support use of the drug under an IND;

(2) The context in which the IND will be administered, e.g., the setting or whether it will be self-administered or it will be administered by a health professional;

(3) The nature of the disease or condition for which the preventive or therapeutic treatment is intended;

(4) Conditions that could alter the intended effects of the IND, to the extent any such data are available.

e. The checklist at Appendix B will be used in addition to the protocol, consent form, and IND checklists for the review of IND protocols for force health protection.

Encl

Julie K. Zadinsky
JULIE K. ZADINSKY
COL, AN
Acting Chair, Human Subjects
Research Review Board

MCMR-RCQ
SUBJECT: HSRRB Policy Memorandum 2002-07, HSRRB Review of IND Protocols for Force Health Protection

RECOMMEND APPROVAL/DISAPPROVAL

DATE: 1 OCT 2002
LESTER MARTINEZ-LOPEZ
Major General, MC
Chair, Human Subjects
Research Review Board

APPROVED/DISAPPROVED

FOR THE SURGEON GENERAL:

DATE: 28 Sept 02
KENNETH L. FARMER, JR.
Major General
Deputy Surgeon General

APPENDIX A

HSRRB Policy Memorandum History

Version Number: 01

Version Date: 11 September 2002

Effective Date: 25 September 2002

Reason for Revisions: This is the initial policy.

Detailed List of Changes: N/A

APPENDIX B

HSRRB Review of IND Protocols for Force Health Protection Checklist

HSRRB Review of IND Protocols for Force Health Protection

HSRRB Log No. _____

Date Checklist Completed: _____ PI: _____

Date Checklist Updated: _____ Reviewer's Signature: _____

Elements	Is Element Addressed? Yes	No	N/A	Comments
Requirements for IND Protocols for Force Health Protection				
A. Are other drugs or vaccines available that could provide similar protection? (21CFR 50.23(d)(1))				
B. Are other forms of protection (e.g. protective garments) available? (21CFR 50.23(d)(1))				
C. Is the extent and strength of evidence of the safety and effectiveness of the investigational new drug in relation to the medical risk that could be encountered during the military operation sufficient to support the drug's administration under an IND? (21CFR 50.23(d)(1))				
D. Is there an adequate plan to disseminate information, including distribution of the information sheet to potential recipients, on the investigational product (e.g. in forms other than written)? (21CFR 50.23(d)(3))				
E. Is the information for health care providers adequate, including potential side effects, contraindications, potential interactions, and other pertinent considerations? (21CFR 50.23(d)(3))				
F. Are there adequate plans for dissemination of information to health care providers? (21CFR 50.23(d)(3))				
G. Is there an informed consent form as required by 21 CFR 50, in those circumstances in which DOD determines that informed consent may be obtained from some or all personnel involved? (21CFR 50.23(d)(3))				
H. Has the health risk communication plan explained the basis for any determination by the President that informed consent is not or may not be feasible? (EO 13139, Sec 5(c)(1))				
I. Has the health risk communication plan described the means for tracking use and adverse effects of the investigational drug? (EO 13139 Sec 5(c)(2))				
J. Have the health risk communication documents identified the benefits and risks of using the investigational drug? (EO 13139 Sec 5(c)(3))				
K. Does the health risk communication plan include a statement that the investigational drug is not approved (or not approved for the intended use)? (EO 13139 Sec 5(c)(4))				

HSRRB Review of IND Protocols for Force Health Protection

HSRRB Log No. _____

Elements	Is Element Addressed? Yes	No	N/A	Comments
Additional Requirements Involving a Presidential Waiver of Consent				
A. Is there a provision for Presidential waiver of consent? (10 USC 1107))				
B. Is the extent and strength of evidence of the safety and effectiveness of the investigational new drug in relation to the medical risk that could be encountered during the military operation sufficient to support the drug's administration under an IND? (21 CFR 50.23(d)(1); 10 USC 1107)				
C. Is there any available satisfactory alternative therapeutic or preventive treatment in relation to the intended use of the investigational agent? (21CFR 50.23(d)(1); 10 USC 1107)				
D. Could the voluntary participation of the use of the drug significantly risk the safety and health of any individual member who would decline its use, the safety of other military personnel, and the accomplishment of the mission? (21 CFR 50.23(d)(1); 10 USC 1107)				
E. Has the context been explained in which the investigational drug will be administered, e.g., the setting or whether it will be self-administered or it will be administered by a health professional? (21 CFR 23.(d)(1))				
F. Has the nature of the disease or condition been explained for which the preventive or therapeutic treatment is intended? (21 CFR 50.23 (d)(1))				
G. To the extent that existing data or information are available, is there any information on conditions that could alter the effects of the investigational drug? (21 CFR 50.23(d)(1))				
H. Is the DOD record keeping system capable of tracking and will it be used to track the proposed treatment from supplier to recipient? (21 CFR 50.23(d)(1))				
I. Records of use. Will the medical records adequately document the receipt of the investigational drug or vaccine? (10 USC 1107 (e)).				
J. Does the protocol provide adequate follow-up to assess whether there are beneficial health consequences that result from the use of the IND? (21 CFR 50.23(d)(1))				
K. Is DOD pursuing drug development, including a time line and marketing approval with due diligence? (21 CFR 50.23(d)(1))				
L. Is there a plan for providing training to the appropriate medical personnel and potential recipients prior to use? (21 CDR 50.23(d)(1); 10USC 1107)				

HSRRB Review of IND Protocols for Force Health Protection

HSRRB Log No. _____

Elements	Is Element Addressed?			Comments
	Yes	No	N/A	
M. Is there an adequate plan to disseminate information, including distribution of the information sheet to potential recipients, on the investigational product (e.g. in forms other than written)? (21CFR 50.23(d)(3); 10 USC 1107)				
N. Is the information for health care providers adequate? Does it include potential side effects, contraindications, potential interactions, and other pertinent considerations? (21CFR50.23(d)(3); 10 USC 1107)				
O. Is there an information sheet? (21 CFR 50.23 (d)(1); 10 USC 1107). Does this information contain:				
1. A clear notice that the drug or vaccine being administered is an investigational new drug or drug unapproved for its applied use.				
2. The reasons why the investigational new drug or drug unapproved for its applied use is being administered.				
3. Information regarding the possible side effects including any possible side effects from the interaction of such drug with other drugs or treatments being administered.				
P. Is there an informed consent form as required by 21 CFR 50, in those circumstances in which DOD determines that informed consent may be obtained from some or all personnel involved? (21CFR 50.23(d)(3)). If so, review in accordance with the HSRRB Consent Form Checklist.				